

# Government Quarters Inventory (revised 8/2001)

Add Record   
  Delete Record   
  Change Record

(Q1) Agency \_\_\_\_\_ Installation \_\_\_\_\_ Quarters I.D. No. \_\_\_\_\_

## Location

(L1) Quarter Name (optional): \_\_\_\_\_ (L7)  Justification of Quarters is Approved

(L2) Survey Region: \_\_\_\_\_ (L3) Nearest Established Community (NEC): \_\_\_\_\_

Miles (one-way) between quarters and nearest established community – round to nearest mile:

(L4) Paved Road/Rail Miles      Unpaved Road Miles      Unimproved Road Miles      Water/Special      Air

(L5) Management Unit: \_\_\_\_\_ (L6) Facility Management Number: \_\_\_\_\_

## Structure

**(S1) Rent Class:**

- Apartment
- Boat
- Cabin
- Dormitory
- House
- Mobile Home
- Plex
- Trailer Pad/Space
- Travel Trailer

(S2) Date Built: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**(S3) Interior Condition:**

- Excellent     Not Applicable
- Fair           Obsolete
- Good          Poor

**(S4) Exterior Condition:**

- Excellent     Not Applicable
- Fair           Obsolete
- Good          Poor

**(S5) Insulation:**

- Adequate
- Minimum
- None

**(S11) Rooms:**

Number Used:

**(S12) Bedrooms:**

Number Used:

**(S13) Bathrooms:**

Number Used:

**(S14) Dorm Rooms:**

**(S15) 1-Car Garage:**

**(S16) 2-Car Garage:**

**(S17) Carport:**

**(S18) Current Use:**

- QMIS
- Office
- Training
- Conference
- Shop
- Storage
- Excess
- Destroy
- Other

**(S6) Gross Finished Floor Space (sq. feet):**

Finished Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Floor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(S7) Official Business Use Space:**

Finished Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Floor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(S8) Unused Finished Space:**

Finished Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Floor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(S9) Unfinished Basement

(S10) Planned Tenants:

## Amenities/Adjustments

(Check if service is OK or exists)

- (A1)  Adequate Water Service
- (A2)  Adequate Electric Service
- (A3)  Reliable Fuel for Heating/Cooking
- (A4)  Adequate Police Protection
- (A5)  Adequate Fire Protection
- (A6)  Adequate Sanitation
- (A7)  Noise/Odors OK
- (A8)  Sidewalks
- (A9)  Street Lights
- (A10)  Paved Streets
- (A11)  Phone in Quarters
- (A12) Type of Phone in Quarters:
  - None     Party     Private
- (A13)  Phone Near Quarters (100 yards)
- (A14) Loss of Privacy \_\_\_\_\_ %
- (A15) Excessive Size \_\_\_\_\_ %
- (A16) Inadequate Size \_\_\_\_\_ %
- (A17) Excessive Heating/Cooling \$ \_\_\_\_\_ . \_\_\_\_\_
- (A18) Additional Charges \$ \_\_\_\_\_ . \_\_\_\_\_
- (A19) Additional Deductions \$ \_\_\_\_\_ . \_\_\_\_\_

## Utilities

(U1)	Billed in Rent	Govt. Provides	Metered	Average Usage
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuel Oil 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuel Oil 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Property/Services

For each item listed, insert the number provided by the Government and the type of fuel consumed. (C=coal; E=electricity; F1=fuel oil #1; F2=fuel oil #2; G=natural gas; P=propane; N=n/a; W=wood)

### Government Provided Items

	No.	Fuel Type	Used For Primary Heating	Used For Primary Cooking
P1 Base Radio	<input type="checkbox"/>	<input type="checkbox"/>		
P2 Cable TV	<input type="checkbox"/>	<input type="checkbox"/>		
P3 Central Cooling (Evaporative)	<input type="checkbox"/>	<input type="checkbox"/>		
P4 Central Cooling (Refrigerated)	<input type="checkbox"/>	<input type="checkbox"/>		
P5 Central Heating (Electric Resistance)	<input type="checkbox"/>	<input type="checkbox"/>		
P6 Central Heating (Forced Air)	<input type="checkbox"/>	<input type="checkbox"/>		
P7 Central Heating (Heat Pump)	<input type="checkbox"/>	<input type="checkbox"/>		
P8 Central Heating (Hot Water)	<input type="checkbox"/>	<input type="checkbox"/>		
P9 Central Heating (Panel)	<input type="checkbox"/>	<input type="checkbox"/>		
P10 Central Heating (Solar)	<input type="checkbox"/>	<input type="checkbox"/>		
P11 Community Dryer	<input type="checkbox"/>			
P12 Community Freezer	<input type="checkbox"/>			
P13 Community Pool	<input type="checkbox"/>			
P14 Community Washer	<input type="checkbox"/>			
P15 Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>		
P16 Dryer	<input type="checkbox"/>	<input type="checkbox"/>		
P17 Engine Heater	<input type="checkbox"/>	<input type="checkbox"/>		
P18 Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P19 Fireplace Insert	<input type="checkbox"/>			
P20 Firewood (cords)	<input type="checkbox"/>			
P21 Free-Standing Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P22 Freezer	<input type="checkbox"/>	<input type="checkbox"/>		
P23 Furnished Rooms	<input type="checkbox"/>			
P24 Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>		
P25 Lawn Care (# mowings)	<input type="checkbox"/>			
P26 Lawn Mower	<input type="checkbox"/>			
P27 Maid Service	<input type="checkbox"/>			
P28 Microwave	<input type="checkbox"/>	<input type="checkbox"/>		
P29 Premium Channels	<input type="checkbox"/>			
P30 Private Pool	<input type="checkbox"/>			
P31 Radon Mitigation Fan	<input type="checkbox"/>	<input type="checkbox"/>		
P32 Range	<input type="checkbox"/>	<input type="checkbox"/>		
P33 Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>		
P34 Remote Control Relay	<input type="checkbox"/>	<input type="checkbox"/>		
P35 Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>		
P36 Sewer Lift	<input type="checkbox"/>	<input type="checkbox"/>		
P37 Snow Removal	<input type="checkbox"/>			
P38 Space Heater	<input type="checkbox"/>	<input type="checkbox"/>		
P39 Storage Shed	<input type="checkbox"/>			
P40 Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>		
P41 Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>		
P42 Trash Removal	<input type="checkbox"/>			
P43 Washer	<input type="checkbox"/>	<input type="checkbox"/>		
P44 Water Heater	<input type="checkbox"/>	<input type="checkbox"/>		
P45 Well Pump	<input type="checkbox"/>	<input type="checkbox"/>		
P46 Window AC Evaporative	<input type="checkbox"/>	<input type="checkbox"/>		
P47 Window AC Refrigerated	<input type="checkbox"/>	<input type="checkbox"/>		

## Tenants

T1 Last Name: \_\_\_\_\_

T2 First Name: \_\_\_\_\_

T3 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

T4 Arrival Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

T5 Type:

<input type="checkbox"/> 100-297 Grant	<input type="checkbox"/> Other (Non-Federal)
<input type="checkbox"/> 93-638 Tribal	<input type="checkbox"/> Permanent
<input type="checkbox"/> Commission Corps	<input type="checkbox"/> Researcher (Non-Federal)
<input type="checkbox"/> Concessionaire	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Contractor	<input type="checkbox"/> Student Volunteer
<input type="checkbox"/> General Public	<input type="checkbox"/> Tribal
<input type="checkbox"/> Other (Federal)	<input type="checkbox"/> Volunteer (Non-Student)

T6 Tenant Pays Federal Rate:

T7 Room No.: \_\_\_\_\_

T8 Department: \_\_\_\_\_

T9 Grade/Rank: \_\_\_\_\_

T10 Departure Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

T11 Required Occupant:

Necessary Service

Protection

T12 Tax Exempt:

Condition of Employment

Convenience of Government

Quarters on Government Premises

T13 Termination Notice (Days): \_\_\_\_\_

T14 Lease Start Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

T15 Lease End Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Tenant Appliances

TA1 Name: \_\_\_\_\_

	No.	Fuel Type
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>
Engine Heater	<input type="checkbox"/>	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	<input type="checkbox"/>
Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>
Space Heater	<input type="checkbox"/>	<input type="checkbox"/>
Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>
Window AC Evaporative	<input type="checkbox"/>	<input type="checkbox"/>
Window AC Refrigerated	<input type="checkbox"/>	<input type="checkbox"/>